

HEPATITIS B

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report **any suspect or confirmed disease of public health significance** to the Medical Officer of Health.

This form is required to be completed and faxed within one working day of the initial patient assessment to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132).

DATE REPORTED (YYYY/MM/DD)		REPORTING PROVIDER NAME		PHONE NUMBER () ext.	
SECTION A: PATIENT INFORMATION					
PATIENT NAME (FIRST) (MIDDLE) (LAST)			SEX	DATE OF BIRTH (YYYY/MM/DD)	AGE
ADDRESS (STREET) (CITY) (POSTAL CODE)					
HOME PHONE: ()			ALTERNATE PHONE: ()		

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been notified of the laboratory result, indicating infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were household/sexual contacts tested for HBsAg, anti-HBs, and anti-HBc through serology?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been referred to a specialist?

SECTION B: PRESENTING SYMPTOMS			
<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic (most common)		<input type="checkbox"/> Elevated liver enzymes	
<input type="checkbox"/> Right-sided abdominal discomfort		<input type="checkbox"/> Malaise	
<input type="checkbox"/> Anorexia		<input type="checkbox"/> Nausea	
<input type="checkbox"/> Easily bruised or bleeding		<input type="checkbox"/> Rash	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Dark urine	
<input type="checkbox"/> Fever		<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Jaundice		<input type="checkbox"/> Other, specify:	

SECTION C: RISK FACTORS	
<input type="checkbox"/> Birth in an endemic region	<input type="checkbox"/> Exposure to HBsAg-positive person
<input type="checkbox"/> Travel to/residence in endemic region	<input type="checkbox"/> Has been incarcerated
<input type="checkbox"/> Unprotected sex, multiple sexual partners	<input type="checkbox"/> Received blood transfusion/medical procedure in Canada before 1970
<input type="checkbox"/> IV drug use	<input type="checkbox"/> Tattoos/piercings
<input type="checkbox"/> Inhalation/intranasal drug use	<input type="checkbox"/> Exposure to blood/blood products in endemic region without routine precautions/screening
<input type="checkbox"/> Sharing drug equipment	<input type="checkbox"/> Other, specify:

Client Name: _____ Client DOB: _____

SECTION C: PATIENT EDUCATION	
<input type="checkbox"/>	Counsel client regarding transmission and prevention methods. Client should abstain from or have protected sexual intercourse until contacts have been screened and immunized as needed.
<input type="checkbox"/>	Encourage client to follow up with a specialist and inform client that a follow-up blood test is required 6 months later to determine carrier status.
<input type="checkbox"/>	Encourage client to receive hepatitis A vaccine. Hepatitis A vaccine is free when health care providers order through the Health Unit. The vaccine order form can be found on the Health Unit website: High Risk Hepatitis Vaccine Order Form
<input type="checkbox"/>	Advise client to inform sexual/household contacts to follow up with a health care provider to get testing and vaccine as needed. Inform the client that the hepatitis B vaccine is free for all contacts with the following hepatitis B serology results: HBsAg – negative; and anti-HBs <10 IU/L (i.e., no infection and no immunity). Health care providers can order the vaccine through the Health Unit. The vaccine order form can be found on the Health Unit website: High Risk Hepatitis Vaccine Order Form
<input type="checkbox"/>	Inform client that a nurse from the Health Unit will be contacting them. They may also call the Health Unit directly at 519-258-2146 ext. 1420.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

The most current form is available on our website:

<https://www.wechu.org/forms/>

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention

www.wechu.org

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